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ETITION FOR EXTENSION OF TIME	ME UNDER 37 CFR 1.136(a)	Docket Number (Optional) PF980067
	In re Application of Louis Chevallier	** *** **** **************************
	Application Number 09/806,393	Filed June 4, 2001
	For METHOD AND DEVICE FOR S IN A TELEVISION SYSTEM	ERVICE DATA MANAGEMENT
	Art Unit 2611 Examiner Dom	inic D. Saltarelli
This is a request under the provisions of identified application. The requested extension and appropriate		
☑ One month (37 CFR 1.	17(a)(1))	\$ <u>120.00</u>
☐ Two months (37 CFR 1		**************************************
☐ Three months (37 CFR		\$
☐ Four months (37 CFR	, , , ,	\$
Five months (37 CFR	1.17(a)(5))	\$
	tatus. See 37 CFR 1.27. Therefore, the and the resulting fee is: \$ fee is enclosed.	ne fee amount shown
Payment by credit card. Form	PTO-2038 is attached.	
☐ The Director has already been	n authorized to charge fees in this appl	ication to a Deposit Account.
	zed to charge any fees which may be a Deposit Account Number <u>07-0832</u> . Oppy of this sheet.	required,
assignee of record	of the entire interest. See 37 CFR 3.7	·1
Statement unde	er 37 CFR 3.73(b) is enclosed. (Form f	PTO/SB/96).
🛛 attorney or agent o	f record. Registration Number 42,804	
	inder 37 CFR 1.34(a). 11/30/2005 \$5 ir if acting under 37 CFR 1.34(a). 01 FC:1251	ESHE1 00000029 070832 09806393 120.00 DA
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November 28, 2005	Also	the Va
Date		Signature
609-734-6813		Reitseng Lin
Telephone Number		Typed or printed name
NOTE: Signatures of all the inventors or assignees o more than one signature is required, see below.	f record of the entire interest or their representation	re(s) are required. Submit multiple forms if
☐ Total of 1 forms are submitted.	- <u> </u>	

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
FF T	'E A R I	CRAIT"	(n.n. 4618). T A I	Application Number	09/806,393		ENSING INC.	
FEE TRANSMITTAL				Filing Date	June 4, 2001 Louis Chevallier			
for FY 2005			First Named Inventor					
				Examiner Name	Dominic D. S	altarelli		
Applicant clair	ms small entity	y status. See 3	7 CFR 1.27	Art Unit	2611			
TOTAL AMOUNT	OF PAYMENT	(\$) 120		Attorney Docket No.	PF980067			
METHOD OF PAYMENT	(check all that app	oly)						
Customer Number	redit card [24498	Money Or	der	☐ None [Other (ple	ase identify);		
□ Deposit Accou				Deposit Account Na		HOMSON LICENSIN	NG INC.	
			irector is heret	by authorized to: (chec		• •		
	ee(s) indicate			`	•	•	t for the filing fee	
	:37 CFR 1.16	fee(s) or und	erpayments o	or ⊠ Credit any o	verpayment	s		
	n on this form m	nay become pub	lic. Credit card i	nformation should not b	e included on	this form. Provid	de credit card	
FEE CALCULATION	l							
1. BASIC FILING, SI)				
	FILING FEES SEARC Small Entity		ICH FEES Small Entity	EXAMINA	EXAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		

Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Independent Claims** Fee Paid (\$) **Extra Claims** Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/ 50 =

Extra Sheets

Total Sheets

Signature

4. OTHER FEE(S)

- 100 =

Non-English Spec	cification, \$130 fee (no s	mall entity discount)			
Other (e.g., late fi	ling surcharge): One-mo	onth extension fee			\$120
SUBMITTED BY					
Name (Print/Type)	Reitsepa	Registration No. (Attorney/Agent)	42,804	Telephone	609-734-6813

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee (\$)

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is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality d to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. mount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. 22313-1450. If you need assistance in completing the form, call 1-360-PTO-9199 and select option 2.